

City Sanitary Sewer Department APPLICATION FOR SANITARY SEWER CONNECTION City of Lincoln, Nebraska

Date_____ 20_____

_____ hereby makes application for a Sanitary Sewer service to the following described premises:

Lot Number	_____	}	_____
Block Number	_____		(Street Address)
Addition	_____		(Folio)

Said premises to be used for:_____

Size of requested service to be as follows:

Tap Size_____ Supply Pipe Size_____

As record title owner/owners of the above described premises, I/we hereby agree to abide by all the Rules, Regulations and Ordinances of the City Sanitary Sewer Department, now in effect or to be enacted, together with all the Laws, Rules, Regulations, Executive Orders and Ordinances of the City of Lincoln, now in effect or to be enacted, and, request that a Sanitary Sewer Permit be granted to _____ Licensed Plumber, to install said Sanitary Sewer service.

Signed_____ By_____

Mailing Address _____

OFFICE RECORD

Checked for:

Approved by Building Inspectors:

	CHECKED	BY	DATE
MAIN			
OLD SERVICE			

Signed_____

Date_____

Building

Permit No. _____

Check One: City Water Supply_____ Private Supply_____ Ser. Order No._____

PERMIT RECORD

Date_____ 20_____

I certify that I am a Licensed Plumber of the City of Lincoln, Nebraska and have been issued Sanitary Sewer Permit Number_____ for the purpose of installing said Sanitary Sewer service at _____ Street.

Signed_____ By_____

(Licensed Plumber)

Witness_____